BEST AVAILABLE COPY

TOTAL CLAIMB PTO-136	7						4	exah.				ARTMEN d Tredem		
DEP.									_	STREET, CASSESSE	_	A STATE OF THE PERSON NAMED IN		THE RESERVE AND ADDRESS.
TOTAL	1/2	٠,				 -	[OTAL EP,				ا لسه		<i></i>
TOTAL					L		T,	OTAL		i		1		1
50	<u> </u>	ļ		ļ			ـِا	100		·			 	
49				<u> </u>			L	99					ļ	<u> </u>
48					<u> </u>		_	98			<u> </u>		 	
47							L	97					ļ. —	
46				<u> </u>			L	96			<u></u>			<u> </u>
45	j.			<u> </u>	<u> </u>		L	95					ļ	<u> · ' </u>
44		<u> </u>	<u> </u>		<u> </u>		 	94					-	->
43			<u> </u>	ļ <u> </u>	ļ		· _	93						
42	ļ			ļ			<u> </u>	92						
41			 	L			-	91						
40		-		-			·	60				**************************************		
39							L	89.					L	
38							Ļ	88					 -	
37							<u> </u> _	87	<u> </u>					
36	<u> </u>		L	·			·	86			<u> </u>			
35							-	85	<u>-</u>					
34					<u> </u>			84			<u> </u>			
33							-	83						
32			<u> </u>				-	82						
31	ļ				<u> </u>	<u> </u>	 	81						<u> </u>
30	 				ļ	<u> </u>	-	80						
29	<u> </u>		·	ļ	<u> </u>	ļ	-	79					`	
28	<u> </u>		<u> </u>	ļ			<u> </u>	78						<u> </u>
27							├ · ├ -	77					•	-
26			<u> </u>				 	76					 	
25	<u> </u>	ļ		 	<u> </u>		-	75						
24	 		<u> </u>				-	74						<u> </u>
23	ļ		 -	 	 	 	 -	73						
22			ļ	 -			-	72		 :-				ļ.——
21		ļ		 	 		-	71						
20		1	 	 	 	-	-	70						
19			<u> </u>	 		ļ	 -	69						
18	ļ	 	<u> </u>	 	 	 	-	68			 			<u> </u>
17	 	-			 		-							
16	ļ					 	-	67					 	
15			 	 	 	 	 	66			 -			
14	<u> </u>			 	 	 	 	65			 			T
13			 					64			 			
12	 	 	 			 		63					I	
11	 	-	 					62					L	
	 	-		<u> </u>	 			61						
10	 	 -	 	· · · · ·	 -			60						
9	 		 	 	i		.	59						
8	 						-	58						
7	<u> </u>	1	 				ΙT	57						
6		17	l					56					<u></u>	
5	İ	1						55_					<u>_</u>	<u> </u>
4		1						54					<u> </u>	<u> </u>
3		1						53				<u> </u>	<u> </u>	
2		1		· .				52		· .				
1		L						51						
	IND.	DEP.	IND.	DEP,	IND.	DEP.			IND.	DEP.	IND.	. DEP.	IND.	DEP.
	AS F	ILED	1st AME	NDMENT	2nd AME	NDMENT	L							T
			45	FTER AFTER			LAIMS	-	*					
		(FOR US	E WITH	FORM P.	ro-875)		1 0 1000			1 (1/11	<u>004</u>		
		FEE CA	LCULA	TION S	HEET		A	APPLICANT(S)				88423		
	М	ULTIPL	E DEPE	ENDEN'	r clai	M	L		-			<u> </u>		
								SERIAL NO.				FILING DATE		